

EXHIBIT 2

Childhood Recovery Resources

Report of Psychological Consultation

(Please Note: This is a version of a psychological consultation of a victim of sexual abuse and child pornography who wishes to remain anonymous, and her name is changed in this document to Amy. The full report is available to authorized readers, with the correct name. Other than the name change, this report is identical to the originally submitted report.)

Name: Amy A

Birth Date: June 14, 1989

Date of Evaluation: June 11, June 12, July 29, November 10, 2008

Evaluator: Joyanna Silberg, Ph.D.

Date of Report: November 21, 2008

Reason for Referral:

Attorney James Marsh referred Amy for a forensic evaluation to determine the psychological effects of her continuous re-victimization in the form of internet pornographic photographs of her being exchanged and viewed. The purpose of this evaluation was to document the current effects on Amy of this re-victimization and describe the potential for long-standing future effects as a result of this victimization.

Sources of Information:

In Person Interviews with Amy A: June 11, 2008; June 12, 2008; July 29, 2008; November 10, 2008

Review of Documents:

Police Complaint against E [REDACTED] Z [REDACTED], March 1997

Criminal Complaint against E [REDACTED] Z [REDACTED], October 14, 1997 of oral, digital, and attempted anal or vaginal in January to October 1997

October 20, 1998, Grand Jury Indictment

October 27, 1998, Federal Criminal Complaint

Government's Statement of the Offense, December, 14, 1998

Psychotherapy Notes of Ruby Salazar, LCSW, BCD, Oct 21, 1998-December 12, 1999

Psychosocial Treatment Report, dated February 22, 1999

Psychological Testing by Daniel Bruiner, Ph.D, dated March 1, 1999

Defendant's Guilty Plea, December 24, 1998

Revocation of Detention Order and Release on Personal Recognizance, July 28, 1999

Sentence of E [REDACTED] Z [REDACTED], May 25, 1999 for rape, involuntary deviate sexual intercourse, aggravated indecent assault

Proceedings at Sentencing for E [REDACTED] Z [REDACTED], May 25, 1999

Press Release, Department of Justice, October 17, 2008

Letter, September 22, 2008 restitution request from James Marsh to Ms. Slater

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Psychological Instruments:

Trauma Symptom Inventory
Dissociative Experiences Scale

Summary of Case History

According to documents reviewed, an investigation began in 1997 of a man in Washington State who was purchasing internet child pornography from a man in Scranton, Pennsylvania. Though tracking of his email address, this man in Pennsylvania was identified as E [REDACTED] Z [REDACTED], Amy's uncle. The pornographic pictures that had been forwarded to the Washington State man showed a particular setting with gray carpet and identifiable furniture that matched Mr. Z [REDACTED]'s home. The child in the pictures was identified as Amy, who was Mr. Z [REDACTED]'s niece who lived close by and visited frequently. The pictures showed acts of rape, oral sodomy, and digital penetration as well as posed suggestive pictures with genitals exposed. Z [REDACTED] was charged with both State and Federal charges and is currently serving time.

The continued accessibility of internet and the ease with which child pornography can be distributed has led Amy's picture to continue to be viewed, traded, and purchased. Currently, an international businessman was charged and has pled guilty to trading and viewing images of Amy and a restitution hearing has been set. He is apparently one of a large number of individuals who have been found to possess Amy's images created by her uncle in the 1990's.

Amy underwent an initial course of therapy with Ms. Ruby Salazar beginning in October of 1998 when she was 9 and four months. At the time, Amy revealed to Ms. Salazar acts including digital penetration, forced oral sodomy, and oral abuse of Amy to her genitals. The disclosures to her therapist further describe her being forced to manually stimulate her perpetrator, being required to perform sex acts telephonically and over the computer, soliciting friends for sexual acts, and planned meetings with other potential abusers (it is unclear if these arranged meetings took place.) Symptoms reported to Ms. Salazar at the time of this initial course of therapy included intrusive recollections, difficulty concentrating in school, fearfulness, anxiety, depression, hypervigilance, feelings of guilt, difficulties with trust and intimacy, and confusion about her attachment to the abuser.

Her psychological testing showed feelings of mistrust, anger and guilt in interpersonal relationships, morbid themes, expectation of victimization in interpersonal relationships and an underlying fragility. The evaluator noted a façade of adjustment, but a fragility under this seemingly strong facade.

Ms. Salazar further noted strengths in Amy such as creativity, sensitivity, and empathy which predicted a good response to therapy. By the end of treatment in 1999, Ms. Salazar's notes reported that Amy was "back to normal." Amy's involvement in dance

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and other age appropriate activities and support of her family appear to have helped her in coping with this trauma as a young girl.

Despite this optimistic assessment following this initial course of treatment, Amy's functioning appeared to decline as she reached her teenage years as documented by Amy in the clinical interview described below. At that time, problems with alcohol abuse and academic achievement became prominent. The issues from her past abuse escalated in prominence as she became faced with decision-making involving issues of trust and intimacy and future planning about her life.

Most significantly, at the age of 17, Amy was informed through legal notifications about the widespread presence of her picture on the internet, illustrating to her that in some ways the sexual abuse of her has never really ended. This knowledge further exacerbated her symptoms, interfered with her ability to overcome the increasing symptoms of post traumatic stress, and impeded her ability to move on with her life. This is described in detail below.

History from Amy

In 7 and a half hours of interview, Amy catalogued in great detail the initial effects of the abuse and the ongoing effects of the re-victimization from the trading of her image on the internet. She impressed the examiner as a bright girl, who had developed a habit of putting things out of her mind to avoid facing unpleasant memories. However, with gentle inquiry, Amy was able to be very explicit about the various ways that these experiences have impacted her. She described that each discovery of another defendant that has traded her image re-traumatizes her again.

She was able to remember the initial events of the picture taking, though not in great detail. She remembers that she had gone to her uncle's home independently when she was as young as 4 or 5, and that she began to sleep at his house at a young age. She remembers that he showed her some pornographic pictures and movies and eventually he asked her to do things that she saw pictured. She said she can remember digital penetration and pain associated with it, with attempts at penile penetration as well, and she is unsure if he succeeded. She recalls that she told him that these actions hurt, and that he re-assured her that it would hurt less over time.

She remembers that he required her to dress up in clothing that he picked out, and that sometimes he asked her to pose for pictures with no clothing on at all. She remembers that she would be given candy or beef jerky at a drug store after these sessions as a reward.

She remembers the day vividly when the police came to his house and removed his computer. She recalls that her family initially asked her if she had been involved but she denied involvement because he had told her not to tell, and she believed because he "loved" her, she should not tell. Eventually, she did reveal what had happened after her

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family explained to her that the actions he had asked her to do were wrong, and she was eventually taken to see Ms. Ruby Salazar, her therapist.

She remembers talking to Ms. Salazar, and believes that that initial therapy did help her in coping with her symptoms at the time. She remembers having repeated nightmares when she was younger accompanied by crying and waking up sweating. She would dream that he was getting out of jail and “coming to get” her and then have trouble getting back to sleep. She remembers feeling relief about talking about these events with her therapist, and particular relief that these secrets were not hers to bear alone.

However, Amy is clear that there has been a resurgence of the trauma with her ongoing realization that her image is being traded on the internet. Specifically, Amy mentions fear of discovery, shame, fears of the traumatization of others, and renewed self-blame about her participation.

As Amy stated, “*Everyday I have to live in fear of these pictures being seen.*” She states when she is at a friend’s house, she is afraid that someone might use Google and that when they Google her name, pictures of her might “pop up” and she would be humiliated. She feels that her privacy has been invaded on a fundamental level as these pictured acts in which she was an unwilling participant are there for other people to find against her will. She fears the discovery of the pictures by her friends, but she also fears the unknown and unnamed people who continued to be looking at these pictures of her for their own perverse interests or to “groom” other children into these acts. She feels continually violated when she contemplates these possibilities. As Amy stated, “*I don’t want to be there, but I have to be there and it’s never going away, and that’s a scary thought.*”

When Amy thinks about the crimes, she is filled with feelings of anger and helplessness. She imagines that she might go back in time and change what occurred, but realizes that nothing can change the fact of the existence of these pictures no matter how much she wishes it.

Amy reports being plagued by feelings of shame. She feels what she was made to do is “dirty” and she is trapped in this sense of being dirty and shamed. Amy describes constantly being in a state of waiting for “the other shoe to drop,” as someone new finds her picture, and discovers this painful and “dirty” secret about her..

Additionally, Amy has thoughts of self-blame even though she acknowledges that these are illogical. She feels like she could have stopped all of this, if she had just refused, said no, and walked away from her uncle. Now that the pictures continue to be discovered, these feelings of self-blame are particularly accentuated. If another child is abused by using her picture, Amy feels she is responsible for this abuse. This fills her with guilt.

One of the most traumatizing parts of her memory of her uncle is the manipulation she felt from him saying that he loved her. Amy reports ongoing problems with trust and intimacy as she struggles with knowing whom she can trust and who deserves her

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allegiance. She feels she must protect herself from confiding completely even in her closest friends because her secret is too shameful. Amy was able to admit that she still hears the voice of her perpetrator in her mind, talking to her and telling her it is wrong to tell, and she must still keep the secret. She even has a visual image of this, seeing him on his knees and begging her to keep this secret. This compelling directive to keep the secret still haunts her and interferes with her complete trust and attachment to others.

She feels a desire to warn others about not being “tricked” by false claims of “love.” Yet, she is aware her pictures may be used to trap other children into exploitation in the same way that she was trapped, and this is a terrifying thought.

Amy reported that she still can easily get triggered by the memories of these events and there are many things in the world that can activate her symptoms. Things that remind her of her uncle or were sites of abuse can activate her anxiety. For example, motorcycles, beef jerky, and amusement parks remain potent triggers for her as they remind her of activities that she engaged in with her uncle. Similarly, when shows come on television involving abuse, Amy reports getting feelings of fear and disgust and finding herself tearing up and crying.. She has a basic feeling that people are not going to understand her and that her secret about herself separates her from others. Her fear of discovery on the internet is coupled with her desire for privacy and secrecy and fear that no one could really understand her or what she went though.

Amy has developed some habits of blocking out feelings and uncomfortable information which is often called dissociation. Dissociation is an automatic habit of mind which allows a traumatized individual to sequester painful information from awareness. Her mind may wander, she may daydream, forget what she is doing, and otherwise allow herself to avoid feeling something painful. This affects her planning skills and her ability to move forward. Many victims of sexual abuse and trauma engage in self-harming behaviors. Amy has a habit of biting her nails down very far and biting on her cuticles to the point of bleeding. This type of self-injury often serves to anesthetize victims from the experience of further pain and is another form of dissociation.

Amy’s problem with alcohol appears to be an ongoing battle, which began when she was approximately 16. Amy attributes the escalation in drinking in part to her feelings about her brother who was dealing with a drug addiction at the time, as well as the ongoing issues with recovery from sexual abuse. Her drinking has escalated on and off reaching a peak when she was 17, and having intermittent periods of severity. There are indications that this problem has reached the level of alcoholism. She describes blackouts when she drinks too much, increasing tolerance, and regret about impulsive behaviors she has engaged in that have led to difficulty for her. Currently, Amy states she is trying to be sober, but is not attending any support groups or AA to assist her with this.

Amy has had problems pursuing her educational goals due to these overwhelming feelings of shame, guilt, anger and helplessness, traumatic triggering effects, dissociation, and alcohol abuse. She had wanted to go to college and had hoped to be able to go into psychology and possibly be a psychologist. Although she enrolled in college, she found

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herself not attending classes shortly after her psychology class saw a movie about abused children. The emotional reaction to this film with all of the accompanying overwhelming feelings was too much for her to bear, so she blocked out her reaction, and just avoided the source of the problem—her class. She further resorted to drinking as a further avoidance strategy to forget the source of her fears, and ultimately, she was forced to drop out of school

Amy went into further detail describing her basic difficulty getting things done and moving on with goals. She described a horrible fear of disappointment that relates to her profound disappointment from these experiences of abuse and exploitation in her life, which leads her not to try anything and give up easily as she fears further disappointments. She has found that if she focuses only on the present, and dulls her senses with alcohol, her feelings of shame, fear and humiliation are avoided. This is the coping tool she has been using for the past several years since she discovered the widespread availability of these pictures and her ongoing unwitting re-victimization from moment to moment.

The widespread availability of her picture is almost too big for her to envision, and rather than think about the serious implications of this, she has become comfortable with avoidance of feelings, avoidance of planning, and thus avoidance of thinking too deeply about herself and her future.

On a positive note, going through the process of developing her Victim Impact Statement and discussing these events through these interviews have begun to empower her, and has helped her emerge in part from her feelings of shame. She has discussed an ongoing relationship with her boyfriend which she describes as a source of comfort in her life, although problems with communication, alcohol abuse, and over dependence have emerged in this relationship.

Psychological Testing Results:

The Trauma Symptom Index is a normed instrument developed to document symptomatic presentations following trauma. This questionnaire was normed on a reference group of traumatized men and women. This questionnaire is comprised of items that span a variety of symptoms known to be associated with traumatic stress, and these symptoms are organized into scales which yield a profile of the client's symptomatic reactions. T scores higher than 65% are considered significant clinical elevations.

On the Trauma Symptoms Index it is clear that Amy shows the features commonly associated with significant Post-Traumatic Stress with multiple clinically significant elevations. The validity scales indicate that this is a generally valid indicator of her symptoms without over reporting, underreporting, or misunderstanding of the basic questions. Some mild inconsistency was noted in her responses which is best accounted

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for by the fact that her symptoms have waxed and waned over the years, and she is making increased efforts to deal with some of the symptoms such as her alcohol abuse.

Both Intrusive Experiences (T score= 66) and Defensive Avoidance (T score = 72) are highly rated symptom clusters. Amy acknowledges intrusive symptoms such as thoughts popping up in her mind and sudden memories or flashbacks of unwanted images from the past. She also reports that she continues to suffer from bad dreams. Defensive Avoidance symptoms (T score= 71) include trying to put bad thoughts out of her mind, blocking memories, and making efforts to forget painful feelings and events. Amy's score on the Impaired Self-reliance scale (T score=70) indicates that she is struggling with maintaining a stable sense of self, lacks self confidence, and struggles with confusion between her needs and those of others. This scale is typically elevated with individuals who have suffered from early childhood trauma. Amy's high score on the Dissociative Scale (T score=77) indicates that she struggles with symptoms involving unconscious avoidance such as her mind going blank, daydreaming, and absent-mindedness. Also clinically elevated are symptoms of Anxious Arousal (T score=66) which include feelings of jumpiness, nervousness, and exaggerated startle response. Amy also acknowledges utilizing abundant tension reducing behaviors to manage these symptoms such as fear of being alone, some self-harm (picking her nails and cuticles), and provoking arguments. Finally, Amy describes feelings of anger which give her a significant elevation on the Anger/Irritability Subscale (T score = 81). The only scales not significantly elevated, but with some symptoms evident, were Depression (T=52), Sexual Concerns (T=50) and Dysfunctional Sexual Behavior (T=54).

In summary, this symptom profile portrays Amy as a multiply symptomatic young lady with the three main clusters of post-traumatic stress symptoms—intrusions, avoidance and hyperarousal. She has accompanying deficits in her view of her own self-efficacy, relies on dissociation to avoid confronting problems, acts out her feelings with angry behaviors towards those she is close to and utilizes tension reducing activities that may involve some self-harm.

The Dissociative Experiences Scale is a screening instrument that helps assess the presence of dissociative symptoms that may indicate the presence of a dissociative disorder. On the Dissociative Experiences Scale, Amy scored 38.9, which is considered to be in the clinically significant range. She acknowledged the following dissociative symptoms to a significantly high level-- loss of awareness, having vivid flashback, high absorption, staring spells, feelings of derealization and forgetfulness about her own behaviors. These behaviors indicate an ongoing pattern of dissociation as a coping tool with the overwhelming information she is constantly trying to avoid or deny. The symptoms on this screening tool suggest that a more full blown diagnosis of dissociative disorder might emerge at a later time, but the current interview does not support this as a primary diagnosis.

Analysis of the Impact of These Events on Amy

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Based upon my evaluation of Amy, and my review of the records, I draw the following conclusions to a reasonable degree of psychological certainty based upon my background in the treatment of victims of sexual victimization and internet commercial exploitation, and my knowledge of developmental psychology and post-traumatic stress.

The sexual assault perpetrated against Amy, and its continued memorialization in pictures which continue to be traded and used affect her in a variety of ways, and has had long lasting and life changing impact on her.

Specifically, she has experienced significant effects in the following areas: Mood regulation, cognitive distortions, feelings of shame, self-blame, and guilt, self-esteem, alcohol abuse, dissociation, academic progress, interpersonal relationships, and vocational success. In addition, despite some resolution of Amy's post-traumatic symptoms when she was younger, Amy continues to have the hallmark features of posttraumatic stress disorder which include intrusive images, attempts at avoidance and denial, and hyper arousal.

These posttraumatic symptoms and effects of sexual abuse are more resistant to treatment than those that would normally follow a time limited trauma, as her awareness of the continued existence of the pictures and their criminal use in a widespread way leads to an activation in these symptoms. She is flooded with memories of what happened to her, since she knows at any moment others might see these. She tries to avoid this knowledge with unhealthy coping strategies such as alcohol abuse and dissociation, and she is overwhelmed with feelings of shame, self blame, and guilt. Planning for the future becomes difficult as planning involves thinking and processing her fears of the reality of these images, that she does not want to face or re-experience. Difficulty with planning and the presence of dissociation has led to her inability to follow through with educational or vocational plans. Furthermore, Amy has ongoing problems with trust in relationships which has interfered with working with authorities in jobs and interpersonal relationships. Although she reports the presence of a significant other, problems have emerged with communication and over-dependence in that relationship.

Research on sexual abuse and post-traumatic stress strongly supports that all of these are known sequelae of abuse, and Amy's history conforms to the expected trajectory of victims like herself who experience early sexual abuse. There is sparse literature researching the effects of commercial child exploitation on children, particularly internet child pornography as it is a relatively new crime, whose victims are often unidentified. However, as noted by Klain, Davies and Hicks (2001) "Child victims of pornography face a lifetime of victimization because the pornography can be distributed indefinitely (p.11)".

The literature on child sexual abuse can inform us about how the added element of having one's picture viewed and traded on the internet can affect the rapidity with which the known symptoms of child sexual abuse and post-traumatic stress can be treated.

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First, it is well-known that recovery from post-traumatic stress requires foremost a sense of safety that the trauma is over and that the past will not be replayed in the present (Briere & Scott, 2006) Yet, a victim of child pornography whose pictures remain present on the internet can never really have that sense of safety, or separation of the past and present. The past, in fact continues to be repeated in the present over and over again.. The safety is not there because the pictures can turn up at any time, and at any moment new moments of victimization are occurring everywhere.

Secondly, treatment for post-traumatic stress involves protection from the triggers that stimulate memories of the abuse. In the case of victims of child pornography, such protection from triggers is not completely possible as the existence of the pictures themselves remain constant triggers. Specifically, Amy's awareness of these pictures, knowledge of new defendants being arrested become ongoing triggers to her.

Self-blame is an important dimension for victims of sexual abuse, and one of the most enduring fixed beliefs that victims must wrestle with. In the case of victims of internet child pornography, the self-blame is multiplied, as not only do they feel guilty about their own victimization but feel responsible for the potential victimization of others who may be forced to view their pictures as part of a grooming phase in preparation for acts of sexual abuse. This was clearly expressed by Amy.

Feelings of shame and humiliation are some of the worst affective reactions to treat in victims of sexual abuse. These feelings of shame and humiliation are multiplied exponentially for victims of internet child pornography. Anonymity is something we offer victims of sexual crimes with acknowledgement that they deserve this protection of privacy. Yet, knowing one's image is out there at all times is an invasion of privacy of the highest degree which makes the victim feel known, revealed and publicly shamed, rather than anonymous..

One vivid illustration of how difficult treatment is for Amy, is a description of one of the techniques used in dealing with flashbacks of abuse. In this imagery technique, the client is helped to imagine going back in time and standing up to the abuser to undo the experience of victimization in their imagination. For victims like Amy, such a technique would actually be harmful as she has to face she can never erase the ongoing "evidence" and "proof" of what she was forced to do. Such an exercise would add to her feelings helplessness. For events in the past, imagery techniques work that help to separate the past from the present, but because of the existence of the pictures, such techniques would be ineffective and potentially harmful.

Another healing techniques is to have the victim find ways to use their experience to help others, which is something that Amy is expressing that she is committed to do. Yet, in doing so, Amy is constantly aware that her image out there, may actually be hurting other children who are potential victims of similar crimes.

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The ongoing awareness that the pictures are out there interferes significantly with the therapeutic resolution of these problems, as she lives in an enduring state of feeling that she can never really escape or get away from abuse.

For these reasons, the re-victimization of Amy through the trading of her image on the internet is the source of enduring trauma that will have lasting effects on her and the symptoms she displays are particularly resistant to standard treatment for post-traumatic stress and the effects of sexual abuse.

Victims like Amy generally experience increased symptoms during developmental periods that are reminiscent of the abuse. For example, when her own child becomes the age of her own victimization, she might relive her traumatic experiences more vividly. As Amy faces new developmental challenges, it is expected she will continue to struggle with the enduring effects of these traumatic experiences as described above over her lifetime. She will require weekly therapy, and it is likely there will be periods where more intensive inpatient or rehabilitation services will be required over the course of her lifetime.

Respectfully submitted,

Joyanna Silberg, Ph. D.
Licensed Psychologist

References:

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Update on Psychological Consultation

(Please Note: This is a version of a psychological consultation of a victim of sexual abuse and child pornography who wishes to remain anonymous, and her name is changed in this document to Amy. The full report is available to authorized readers, with the correct name. Other than the name change, this report is identical to the originally submitted report.)

Name: Amy

Birth Date: June 14, 1989

Date of Evaluation: August 17, 2010

Evaluator: Joyanna Silberg, Ph.D.

Date of Report: October 21, 2010

Reason for Referral:

Attorney James Marsh referred Amy for a re-evaluation to determine whether the effects documented in the psychological consultation dated November 21, 2008 still remain. The former report documented effects in the areas of mood regulation, cognitive distortions, feelings of shame, self-blame, and guilt, self-esteem, alcohol abuse, dissociation, academic progress, interpersonal relationships, and vocational success. In addition, posttraumatic stress disorder symptoms were documented which include intrusive images, attempts at avoidance and denial, and hyper arousal.

Methods:

Interview with parents of Amy.

Interview with Amy

Interview with Parents:

Amy's parents shared their concern that Amy is in an abusive relationship with her boyfriend. She had injuries on her face subsequent to an altercation with him and they brought a photograph to show me how severe the injury was. They are very concerned that she does not show good judgment in the relationships that she enters and hoped that my conversation with Amy might influence her to make better decisions. They described their frustration that Amy often seems to be paralyzed in making necessary appointments or moving forward with her life. They also wanted me to know that they are worried about her plans to live away from them as they believe she benefits from the input and guidance they offer,

Interview with Amy:

I shared with Amy the concerns of her parents and she acknowledged that she had received an injury from her current boyfriend and that she was unsure she would have acknowledged that to me if her parents had not told me. I told her it was good that they

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filled me in so that this evaluation could be as accurate as possible and so she could get the help that she might need. She understood this, and stated she was in a sense relieved that I knew.

I asked Amy where she wanted to start and she said she would start with “good things.” She told me she is pleased that she is no longer involved with her baby’s father who is incarcerated on drug charges. She said she is glad that she recognized his problems and realized that she deserved better.

She then told me about her new boyfriend who she described as “a very good guy.” I asked her to tell me about the incident that her parents told me about and she explained that they had been drinking, and then she does not remember what happened but she woke up with injuries to her face in another house. Later her friends explained to her that he had become physically abusive to her due to jealousy. I asked her if her boyfriend had a memory of these events, and she said that he did not but a mutual friend had told both of them what happened. Both of them, she stated, have decided not to drink and she stated she was pleased that she had not had anything to drink in two weeks. She said she was surprised by the level of injury that she had sustained, and I asked her if she was angry at him. She said she is not sure if she is angry since she believes that it is the drinking and not really his choice to hit her. She added that he had also assaulted a friend of hers at this party and that her friend will no longer speak to him.

Amy stated that she admires him because she believes that he is generous with people. She told me that he lives on disability because he has a back injury, but that he is trying to find a job. She told me that she likes him because he is able to make her laugh and that he is entertaining.

I asked her if she sees herself as having any plans for the future and she told me her plan about buying her own three story house and moving there with her child. She told me she would like to also get a part time job and eventually go back to school, but acknowledged that she has not yet been successful in any of these goals. She told me she needs to buy a computer in order to be able to begin to register for courses and possibly take courses online, but she has not done this yet.

We further discussed what might influence her to break up with her current boyfriend, and she acknowledged that she should have had the rule that becoming violent towards her was enough to break up with him, but she doesn’t feel like she could really do that.

She further explained to me that in addition to hitting her and her girlfriend, the boyfriend had stolen her car and wrecked it. She told me she continued to feel the need to protect him and not report these various criminal actions to the police, as she had forgiven him about the car. She stated that after the assault, she stayed in her home for days at a time so that no one would see what happened to her and suspect what he had done. I inquired deeper as to the basis for her need to be so protective of her boyfriend and she acknowledged that on some level she thought that she might deserve what happened to her. She also stated that she feels she is “used to abuse” and knows how to deal with it. In

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addition, she stated in a way she felt some relief to have the abuse that she feels inside to be showing on the outside. This came as a very painful insight to her and led to an expressed commitment to try to resume the therapy that she had stopped.

Amy expressed that she realized that she was relating to her boyfriend the way she had related to her uncle, she felt protective of him, and felt she needed to lie for him. She became frustrated and angry with herself during this part of the interview thinking that she was living out what had been taught to her by her abuser and wishing that she had moved beyond that.

I inquired about other symptoms and Amy described that she sometimes visits the house where her abuse happened, and she finds herself staring at the door to the basement and losing track of time, feeling frightened and not wanting to stay at the house.

She admitted that she was looking for ways to avoid talking to me about her relationship with her boyfriend but acknowledged that she felt somewhat relieved that it had been shared and discussed.

Amy further acknowledge that she had trouble following through on plans and realizes that she puts things out of her mind rather than think about them, plan a solution and move forward. This passivity in part relates to the helplessness she feels due to her situation as a victim of child pornography, constantly aware that she is being exploited and unable to stop it from happening.

I asked Amy to further explore what might lead to her breaking up with her boyfriend and the impact on her young child of being with someone who resorted to violence. While Amy understood what I was saying, she was reluctant to take action immediately about this problem. I urged her to go back to her therapist and to set up a follow up appointment with me to further evaluate her symptoms and her future plans. I have not had the subsequent appointment yet, but at this point can draw some conclusions about Amy's current functioning.

Conclusions

It is clear that many of the symptoms that Amy evidenced in the initial evaluation remain, and some have worsened.

She continues to abuse alcohol to the point of blackouts, and although she described a new commitment to sobriety, it had been only two weeks since this commitment and the injuries on her face which prompted that commitment were still healing.

She continues to have post-traumatic symptoms, such as being triggered by the basement door at her uncle's house. She continues to struggle with dissociation and with inability to follow through on plans.

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Most importantly Amy is demonstrating extremely poor interpersonal decision-making, so that she is setting herself up for re-victimization and setting her child up for similar re-victimization. It is essential that there be intervention so that this destructive pattern can be halted, but Amy is showing resistance to getting the help she needs. I am concerned that the treatment program that Amy requires at this point involves more structure and supervision than is available in an outpatient program. I would like to see her again soon and assess her progress and develop more concrete recommendations to intervene with this spiraling self-destructive cycle.

In summary all symptoms evidenced on previous evaluation remain. Amy continues to struggle with making academic and vocational progress, is paralyzed by shame and struggles with feelings of victimization, and had begun to recapitulate this re-victimization. Despite feelings of guilt and shame she is unable to halt these processes.

I am eager to get Amy re-connected to a therapist, and to have a follow-up session as soon as is possible to establish further plans to help contain her current self-destructive tendencies.


Joyanna Silberg, Ph. D.

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Update on Psychological Consultation

(Please Note: This is a version of a psychological consultation of a victim of sexual abuse and child pornography who wishes to remain anonymous, and her name is changed in this document to Amy. The full report is available to authorized readers, with the correct name. Other than the name change, this report is identical to the original.)

Name: Amy

Birth Date: June 14, 1989

Date of Evaluation: December 20, 2010

Evaluator: Joyanna Silberg, Ph.D.

Date of Report: January 23, 2011

Reason for Referral:

Attorney James Marsh referred Amy for a second re-evaluation as the October updated report indicated some significant problems in Amy's life that needed to be addressed. Specifically she had physical injuries from being victimized in an abusive relationship with a boyfriend. The original report documented the effects of Amy's ongoing victimization due to depictions of her sexual abuse taken by her uncle in photographs which are available and currently traded on the Internet. She has made restitution claims against many individuals who owned, traded, and viewed these child pornographic pictures.

The effects of her ongoing victimization have included difficulties in the areas of mood regulation, cognitive distortions, feelings of shame, self-blame, and guilt, self-esteem, alcohol abuse, dissociation, academic progress, interpersonal relationships, and vocational success. In addition, posttraumatic stress disorder symptoms were documented which include intrusive images, attempts at avoidance and denial, and hyper arousal. Unfortunately, the last evaluation confirmed some of the predictions of the original evaluation. Amy has shown a pattern of seeking out relationships that replay abusive dynamics. This evaluation and meeting with Amy was for an update and development of a treatment plan to help Amy reverse her spiral of self-destructive decision-making

Interview with Amy:

Amy was relieved to tell me the update on her situation with the boyfriend she told me about last time. With relief and satisfaction she told me "He's in jail." She told me the long story that led to that result that involved a series of escalating forms of abuse, mostly when he was drunk. Amy described that he used his fists to punch her, that he would corner her and try to choke her. His violent behavior followed episodes of jealousy or anger about her whereabouts. Amy noticed that his violence was escalating and that it no longer appeared to be dependent on his use of alcohol. She also noticed that his violence was getting increasingly lethal, escalating to threats of death. On one occasion he let her up after choking her and stated, "If I wanted you dead you'd already be dead." Amy

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believed that he is capable of killing her and that he intended to do so at some point. He told her was going to “take her into the woods where no one would find” her.

With this backdrop of fear for her life, Amy decided to spend time with her father on his birthday and went with her father to a local “hang-out” where she played pool with her father and an uncle. She feared the boyfriend would come looking for her there and eventually he did. He demanded that she come home with him at that point. The establishment removed him and her entire family as his threatening behavior and responses of her father and uncle were escalating.

At this point Amy opted not to go home with him and slept first at a friend’s house and then her parent’s house. Her parents noted the handprint bruise on her body, a bloodshot eye, and other signs of his violence and convinced her to go to the police station to make a report. She followed through with this, was able to be honest with the police about what he was doing to her and they wrote up a report and arrested him. Because he was on parole, he was jailed for these offenses pending trial. She was able to get a PFA that she believes lasts for three years.

He has already tried to contact her from prison, has written her numerous letters apologizing and professing his love, and she remains very fearful of him when he gets out, and afraid he will not stay in jail long. As she stated, “He has nothing to lose, so he will come back and do something.” She assured me that she was not going “to take him back” but that she still had feelings for him as someone who was so good to her at first and could make her laugh.

Amy described a series of events that led her to lose custody of her young son. She described that she was changing her son’s diaper in a position on the ground where her balance was not very stable. She described that she then fell on his body and injured his leg by falling on him. He was crying at first, but then stopped crying and so she thought he was all right. Later, she noticed that he was showing signs of pain and she took him to the hospital to be evaluated. At the hospital, they called Children and Youth to evaluate the injury and Amy reports that she lied about how it happened for fear of getting in trouble. Because her story did not seem consistent, custody was given to her parents. She believes she will get him back in a few months but was unsure what she needed to show in order to get him back in her care. She stated she missed him, but is happy that he is doing well.

She told me with satisfaction about her new boyfriend who she is now living with. She stated that he is employed with a company that creates displays for conferences, that he treats her well, and has never been violent. She stated she is still easily triggered by her memories of the boyfriend in jail and so he has to treat her with particular gentleness.

I asked Amy why she had not continued with her therapy. She told me that after she missed a few appointments she was embarrassed to return. We discussed whether it would be better to resume with the therapist she was seeing, to go back to her original therapist from her childhood, or find someone else. Amy stated that she liked coming to

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me, but I explained that my role was forensic assessment and that I was too far away for regular contact (4 hours driving distance.) Amy thought it would be best to resume with the therapist she had been seeing and asked me to intercede to make the appointments for her. I agreed to do that. We also talked about whether she would need to have someone drive her to the therapy or whether she would be able to get there consistently on her own. She stated she preferred to try to get there on her own but agreed that she would accept the help of a driver if she did not follow through this time. She stated that going to therapy is very helpful for her, that it makes her feel lighter, and happier, like a burden is lifted.

I asked her to discuss with me her view of her long-term goals and what she would use the money for should she get the money she is seeking. She stated she wanted to insure that her son always had a good life and could go to college. I mentioned that she herself could even go to college as she had been there once. She stated she thought at this point she might be able to handle one class at a time but would be fearful of more than that.

She said one of the reasons that she wants to pursue the legal cases is because she believes that it is important for those people who are continuing to victimize her to pay in some way, so that they have some knowledge of the harm they are causing. She said she would like to find a way to do something useful with her life, so that she could "wake up for a purpose." She mentioned that she liked the study of psychology and that maybe she could learn to be a therapist. However, she acknowledged that her problem with procrastination has made it difficult for her to follow through with these goals. She mentioned she was going to take a dance class, but has "not gotten around to" looking up the times it meets.

She briefly discussed her incarcerated uncle and her fear that he will be released from prison soon as one of the things holding her back in her life. I encouraged her to follow though with the therapy so that she can begin to move forward with her dreams for herself and her son, and she seemed very willing after our session to do these things. She stated her therapy would begin after a planned trip to Florida where she would be assisting her new boyfriend in putting up exhibits at a conference, but agreed to start therapy upon her return.

Updated Family Information:

Sadly, these plans were interrupted by the sudden death of her father shortly after our meeting. Her family obligations have now increased towards her widowed mother and young son. The new realities of her situation need to be taken into account in developing a therapeutic program for her.

Conclusions:

The self-destructive path that was a result of Amy's ongoing victimization as a child pornography victim reached its lowest point. Amy was apparently close to death in her relationship with a boyfriend who victimized her in ways she had grown accustomed to

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accepting. These kinds of struggles with interpersonal relationships are common in victims of child abuse as they are accustomed to seeing themselves as objects in relationships and define themselves in terms of other's needs. This enduring problem is exacerbated by the fact that Amy's abuse has never really ended because she is being repeatedly used and abused through the ongoing pictures of her that circulate, as she so eloquently explains in her victim impact statement. Reversing her view of herself and the pattern of relationships that she seeks will take intensive therapy. This intensive therapy now needs to deal with the compounding effects of the traumatic stress resulting from current abusive relationships which have reenacted her traumatic history. She has not yet satisfactorily separated her self emotionally from the last abusive relationship and has a mixture of allegiance and fear, even though he is in jail. These poor interpersonal choices are seen as direct effects of the previous and ongoing abuse of Amy on the Internet and as a child.

Unfortunately, Amy's poor management of interpersonal relationships extends to her relationship with her son as well. She has made poor decisions in caring for him, and then her mistrust of authority led her to tell the wrong thing to the agency, and she lost custody. Amy clearly cares for her son, but there is an ongoing concern that the cycle of abuse and violence could continue into the next generation if Amy does not get the help she needs. While I do not believe that Amy is consciously abusive to her son, her poor decision making about relationships could lead him to be at risk as well.

Post-traumatic stress victims often see themselves as having no future. Amy manifests this problem in her everyday life, as she has trouble planning ahead for even small activities like signing up for a dance class. While she can talk when pushed about a possible future for herself, it does not translate into actions that she takes. She seems satisfied living with little ambition or future goal. This problem is exacerbated by her awareness of this pervasiveness of her image on the Internet which makes her fearful of interacting with many people outside the comfort of her familiar surroundings.

Amy continues with her alcohol abuse despite her protestations to me in our last visit that she was now sober. Her ongoing treatment will need to address this as well. Her interpersonal judgment is already poor, but with the added effects of alcohol, she is increasingly more likely to set herself up for continued victimization.

Amy 's inability to move forward is also inhibited by a sense of pervasive fear. She describes fear of her uncle and now fear of the ex-boyfriend in prison as well as the pervasive fear of multitudes of men out there who could recognize her from a picture and have already abused her in their fantasies. In some sense, it serves as a relief to have two named objects of her fear that she can track, rather than the pervasive presence of this multitude of unnamed perpetrators.

It is clear that Amy continues to suffer from the ongoing effects of her victimization from child abuse and from the continued use of her image by child pornography viewers, traders, and abusers. A comprehensive and structured treatment program needs to be instituted to help reverse these patterns that have become well-established. Now that her

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father has died, and a new trauma has been added, it will be important that this program go into effect immediately.

Treatment Recommendations

1. Twice a week therapy, with transportation provided as needed.
2. Incorporation of alcohol education and AA as part of therapeutic program.
3. Involvement with her son in some parent-child interaction programs—music classes, gym classes, or other classes where instructors help parents and children share in an activity together.
4. Vocational counseling and guidance to set up a plan for continued education towards a set career goal.
5. Continued follow-up to monitor follow through on this program and make adjustments as needed.

Joyanna Silberg, Ph. D.

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Update on Psychological Consultation

(Please Note: This is a version of a psychological consultation of a victim of sexual abuse and child pornography who wishes to remain anonymous, and her name is changed in this document to Amy. The full report is available to authorized readers, with the correct name. Other than the name change, this report is identical to the original.)

Name: Amy

Birth Date: June 14, 1989

Date of Evaluation: October 22, 2012

Evaluator: Joyanna Silberg, Ph.D.

Date of Report: October 23, 2012

Reason for Referral:

Attorney James Marsh referred Amy for a third re-evaluation to update her psychological status following some extreme life stressors at the end of last year. Specifically, she had narrowly escaped from an abusive relationship with a boyfriend who went to jail for assaulting her, and she lost custody of her son, for accepting blame for abuse of her son inflicted by this ex-boyfriend. She was terrified of her abuser, as well as of her uncle's pending release from prison. She was abusing alcohol, having symptoms of blackouts and her posttraumatic symptoms were at their peak with feelings of fear, inability to move forward with her life, self-destructive addiction, and repeated thoughts of shame and guilt. All of these symptoms were exacerbated from the ongoing awareness of the use of her images by viewers of child pornography and her feelings of helplessness in being able to combat this ongoing victimization.

I was particularly concerned at the last evaluation that Amy continued to seek out abusive interpersonal relationships and had little interpersonal "radar" for understanding when she was being exploited. This is a typical pattern for survivors of child sexual abuse who often end up re-traumatized due to their ongoing deficits in interpersonal relationships. I recommended an intensive program of intervention involving several times week psychotherapy, an AA program, and vocational counseling. This evaluation was to determine if Amy had accessed these programs and restored her life to an even balance.

Interview with Amy:

Amy appeared much improved, and her life significantly stabilized since her evaluation last year. She has engaged in therapy initially twice weekly, which has now phased down to once a month. She has a new boyfriend in her life, who is not abusive, and whom she plans to marry. She has recently purchased a home and custody of her son was restored to her due to her completion of the required protocols through the department of social

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services. She suffered the unexpected loss of her father, whom she is still mourning, but seems to have rebounded in some ways from that stress. Within the context of her new more stable presentation, I re- evaluated the posttraumatic symptoms and deficits that Amy has demonstrated in the past.

I asked her about her alcohol use and she stated that her boyfriend had given her an ultimatum, that he would leave her unless she stopped her excessive drinking. She said she took this to heart and she has reduced her alcohol consumption. She reported that she drinks once a week with friends, and limits her drinking. She stated she does not drink around her son. I asked her what the worst thing that happened when she was drinking recently was, and she told me she had "wet the bed" and was embarrassed by this. She also told me that she still occasionally has blackouts but when reminded of what she did can remember. She does not drink with her boyfriend as he is on probation for a legal charge and not allowed to drink. She believes that her relationship with him has improved significantly since she has stopped drinking as much. Alcohol continues to be an ongoing issue for Amy, and although she is trying to be more responsible in her drinking, I have seen this pattern before with her and fear it could escalate again. Amy tends to minimize the negative consequences and has not yet really internalized that she has a problem that she may need to deal with more actively.

I asked Amy about her feelings of fear regarding her ex-boyfriend who is now out of jail, and her uncle who has also recently been released. Amy describe that feelings about her ex-boyfriend have faded, as he has not tried to break the protective order she has against him. She now feels that she has the power in this relationship and feels protected both by her current boyfriend and the police having acted to protect her previously. She is less confident about her ability to handle her feelings of fear about her uncle who has now been released from prison. She described feeling that she might see him at any point as he lives back in her area. She is fearful of the first time that she will run in to him and says she is unsure how she will react, and expects that she might freeze and be unable to respond. She recalls that she recently saw a picture of him and was shocked at his appearance of being old and "broken." This makes her feel that his punishment may have affected him and she gets some relief from this idea.

She discussed her fear, anger and disgust at the perpetrators who have viewed her picture online and wishes she could be confident that the punishment they receive could make up for what she feels they have done to her. She is aware of the current defendant Robert Hedrick, and described her sense of outrage that someone who had an important role in the community like him, as founder of Pam Am, could have abused her through viewing her picture. She tried to put into words her feelings and stated "I am upset, disgusted, embarrassed, and know that I will always be there." She added that when she realizes how many pictures he had, she wants to cry for all of the other children and worries that many of them are still being abused, and that her picture is used to entice more children into abuse. She feels that since her abuse never really ends, she wonders how someone like Mr. Hedrick could ever really receive a punishment equivalent to what she and the

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other victims on these pictures suffer. She stated that possibly having to pay restitution may to some extent inhibit their activities and make them think twice before engaging in this kind of abuse of herself and others.

Amy described her relationship with her three year old son, J [REDACTED], and feels that she is more confident and taking care of him well. She no longer has him enrolled in preschool but is hoping to find another school he can begin to attend now that he is potty trained. She has set up her new home to make it very child friendly to him and states that her boyfriend is close to her son and a good caregiver. She takes J [REDACTED] to activities in the neighborhood often with his cousins and maintains close relations with her family. She continues to have some trouble with initiative in getting herself to follow through on things that she plans, so she tries to enroll him in things, but often doesn't complete what she plans. She feels she is improving in this area and remembered how hard it was for her to get a driver's license, for example. She succeeded in getting the license eventually and tries not to put things off as often as she used to.

Amy continues to have some triggers that activate post-traumatic symptoms. She will get sudden flashes of fear when someone mentions "googling" as she fears that if someone googles her, pornographic pictures will emerge. I helped her with his fear, by googling her name with her watching, and we found many individuals with her name around the country and no pictures emerged. She felt some relief from this, but still fears that some computers might reveal pictures. She is also fearful that people who see her on the street may recognize her from pornographic pictures as she stated you cannot tell from looking at people what kind of people they might be. She also gets flashbacks of abuse from eating beef jerky, which was something her uncle used to give her frequently. She continues to have occasional nightmares, but this has improved over the last year.

I asked Amy to describe how her therapy had helped her and she felt it had been very helpful. She feels she is better able to contain painful memories and distract herself. She stated that one of the main topics she has covered in therapy is her feelings of self-blame for having participated in the abuse and feeling responsible that the images on computers around the world are "her fault." Although she understands intellectually that a young child is not to blame, this is one of the worst feelings that she continues to struggle with. The ubiquity of her images, their unpredictable appearance on computers around the world, and her sense of helplessness about this, aggravate her feelings that somehow she should have done something to prevent this earlier on. While her therapist has helped her with these feelings, they continue to plague her.

She gave me an update on her long-term goals, which now include possibly buying a business to share with her boyfriend and to begin some online college classes. She also would like to have another child with her boyfriend and is unsure about these future plans, but hopeful that she and her boyfriend will set up a business at some point, possibly involving cars. Her description of these goals remains vague, but is a sign of progress that she can contemplate the future at all, as she previously had a sense of the "foreshortened future" typical of sufferers from post-traumatic stress. When fears about

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he future are activated, she continues to use dissociative mechanisms of coping, blocking out unpleasant thoughts, and this blocking then leads her to have trouble formulating specific plans.

She continued to emphasize that she would like to do something to help others and use what has happened to her to fight the issue of child abuse. One possibility that we discussed was creating a children's book that would help to warn children about abuse and help them tell sooner or avoid getting tricked into participating in exploitation. She was excited about this idea, and I agreed to help her look into this further.

Conclusions:

The self-destructive path that was a result of Amy's ongoing victimization as a child pornography victim had reached its lowest point in our previous evaluation, and Amy has responded to the intensive course of therapy that was initiated following the previous evaluation. While Amy had placed herself in a perilous situation in which she was close to death in a previous abusive relationship, lost custody of her son, and spiraled dangerously into drinking and self-destructive acts, she has rebounded in a positive direction. She has extricated herself from the abusive relationship and has a new positive relationship in her life. She is more successful in taking care of her son, whom she now parents, full time. She has made progress in life decisions—buying a house, considering business options, and considering the idea of returning to school. Amy responded to the intensive treatment plan instigated at the last evaluation and has rebounded in many ways.

Nonetheless, ongoing issues related to posttraumatic stress remain. Amy continues with her alcohol use, and continues to have occasional blackouts, and this behavior has threatened her current relationship. She has been unable to commit to sobriety and this will continue to be an ongoing struggle for her. Her ongoing treatment will need to continue to address this issue.

She continues to have occasional flashbacks, nightmares, poor planning due to dissociation and self-doubts, and ongoing feelings of self-blame. She continues to have fear about the Internet and shame associated with the ongoing viewing of her picture. When another perpetrator is caught, these feelings are renewed as she is faced with the fact that her abuse continues into perpetuity and she feels helpless, responsible, and guilty for what her image might be doing to other children, and disgusted about how her image may be utilized. When a high status individual like Robert Hedrick is apprehended, she feels particularly demoralized, as her sense of trust in the world is affected, and her overall sense of paranoia and fear is accentuated as she wonders, "Is there anyone I can trust?"

It is clear that Amy continues to suffer from the ongoing effects of her victimization from child abuse and from the continued use of her image by child pornography viewers,

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traders, and abusers. Continued treatment is recommended to address these issues, and help her navigate the ongoing stresses of her situation. As her son reaches the age next year, when her own victimization began, she will likely experience new symptoms and struggles and this will need to be addressed in treatment as well. I recommend continued treatment and monitoring of Amy's ongoing psychological functioning and increase in frequency of sessions particularly during stressful times.

A handwritten signature in black ink that reads "Joyanna Silberg, Ph.D." The signature is fluid and cursive, with "Joyanna" and "Silberg" connected by a single stroke, and "Ph.D." in a smaller, more formal script to the right.

Joyanna Silberg, Ph. D.

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Update on Psychological Consultation

(Please Note: This is a version of a psychological consultation of a victim of sexual abuse and child pornography who wishes to remain anonymous, and her name is changed in this document to Amy. The full report is available to authorized readers, with the correct name. Other than the name change, this report is identical to the original.)

Name: Amy

Birth Date: June 14, 1989

Date of Evaluation: September 17, 2014

Evaluator: Joyanna Silberg, Ph.D.

Date of Report: December 8, 2014

Reason for Referral:

Attorney James Marsh referred Amy for a fourth re-evaluation to update her psychological status as her life has begun to stabilize as she has accessed ongoing psychological treatment. In the last report from 2012, she was in the process of recovery from an abusive relationship with a boyfriend who went to jail for assaulting her, and she had at one point lost custody of her son, for accepting blame for abuse of her son inflicted by this ex-boyfriend. She had reached a very low point as the trauma from her past and her poor coping tools had led her to a return to alcohol and activated posttraumatic stress. At the last evaluation in 2012 her life had begun to stabilize as she began to go to regular therapy and had become involved with a boyfriend who treated her well and she had regained custody of her son. Although she had improved significantly during the last evaluation, she continued to struggle with post traumatic symptoms and fears about her uncle's release from prison.

Interview with Amy:

During this newest evaluation, Amy continued on her path of improvement with her life continuing to stabilize. She has continued to maintain a therapeutic relationship and sees her therapist every month or more frequently during times of more stress. Amy continues to have a good relationship in her life, and plans to marry her boyfriend and have more children. She continues to reside in a home that she has purchased and takes good care of her son. In the context of these continuing improvements I assessed her continued symptomatic presentation.

The newest change in her life is a decision she has made to go back to school and study psychology with a possible major in criminal justice. She would like to use the experiences she has had in her life to provide help to victims or in other ways get involved in the criminal justice field. She has made this plan, but she has not yet signed

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up for any courses. She also said she is eager to have a baby with her boyfriend and is expecting that they will get married soon.

Amy explained that she was also pleased that her mother had met someone and she was pleased that her mother now had a boyfriend too. She remains close to her mother and uses her mother as backup in taking care of her son. She enjoys her role as a mother and described helping her son with his school work and she described her pride in her son's learning to read some words.

Although Amy's uncle has now been released from prison, Amy states she has not seen him and has not had nightmares about him. However, she does continue to have nightmares that frighten her involving kidnapping or other crimes against her. When she has one of these dreams she wakes her boyfriend up to help her calm down.

She also has a habit of picking on her fingernails and causing her cuticles to bleed. She realizes that she does this as a nervous habit, and has been trying to get herself to stop. She says it is a habit that she does whenever stressful thoughts get into her head. She is looking for a method of stopping this and hopes she can get a certain kind of acrylic nail attachment that will make her unable to pick at her fingers and nails.

Despite her stress and occasional nightmares, she stated she feels generally satisfied and happy at this point in her life. Her exboyfriend remains in prison which is reassuring to her. She feels she is doing better now than any other time I had interviewed her.

She maintains a relationship with her son's father and family and makes sure that they get visitation.

I asked her about her alcohol use and she stated that she still drinks occasionally and will have four or five beers at a time. She says she knows how to pace herself and make sure she is eating when she drinks so that she does not get too affected. She realizes that drinking is one of her problem areas and that her boyfriend watches her closely and makes sure she does not have too much. She stated she does not drink around her son and that she is trying to be aware she has a problem that she may need to deal with more actively some time in the future.

We discussed her reaction to the Supreme Court ruling which she found disappointing and confusing. She felt proud of having gone through with the Supreme Court case and hopes the lingering problems will be solved by the legislation that Mr. Marsh is working on. She said that she was disappointed that the justices did not have a clearer plan about how to fairly apportion the restitution.

We discussed some of the previous problems that she had discussed with me at other times. She described that she continues to have problems with procrastination and getting herself to accomplish things, but she feels this has definitely improved. She feels she is motivated to accomplish more things and has less difficulty getting herself active.

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She discussed that occasionally she will still encounter triggering events that will bring her back to thoughts about her uncle and the online pictures. Minor things such as seeing someone with a jacket that looks like her uncles, or tasting beef jerky can give her flashbacks and bad thoughts, but she is able to push them out of her mind. Sometimes if she feels thoughts have come back too much she will make an appointment to see her therapist. Sometimes when she gets the letters that report about another perpetrator who has her pictures she feels triggered again, and needs to see her therapist and get herself grounded again. She continues to have some fear around computers that her picture will come up and a fear about googling her name. I suggested we google it together just to show that her name would not come up with any information about the crimes, and we did this and she was reassured to see that nothing came up.

She discussed that she has ongoing fear about what will happen to her son and finds herself as more protective than other mothers. She sees all of the people that Joey interacts with as potentially suspicious and able to abuse him. She stated she has talked to him about always going to a teacher if someone at school is bothering him and has encouraged him to not trust strangers.

Conclusions:

Amy has definitely propelled herself forward from the self-destructive path that was a result of Amy's ongoing victimization as a child pornography victim. She has consolidated many gains, has a stable long-term relationship, is doing well raising her son, and has some future goals. She has made continued progress in life decisions—and is now considering returning to school. Amy responded to the intensive treatment plan that had been instigated in 2012 and has continued to rebound.

Nonetheless, ongoing issues related to posttraumatic stress remain. Amy continues with her alcohol use, and although she is trying to manage it responsibly she is aware that sometimes she drinks more than she should.

She continues to have occasional flashbacks to many environmental triggers, nightmares, and some difficulty getting herself to follow through with plans. She continues to have fear about the internet and shame associated with the ongoing viewing of her picture. Whenever another perpetrator is caught, these feelings are renewed.

While the progress she has made is significant, it is clear that Amy continues to suffer from the ongoing effects of her victimization from child abuse and from the continued use of her image by child pornography viewers, traders, and abusers. I recommend continued treatment and monitoring of Amy's ongoing psychological functioning and increase in frequency of sessions particularly during stressful times. As she becomes more serious about pursuing her education, it is possible that the topics she studies will trigger her posttraumatic reactions and she may require more supportive therapy at that time.

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A handwritten signature in black ink that reads "Joyanna Silberg, Ph.D." The signature is fluid and cursive, with "Joyanna" and "Silberg" connected by a single stroke, and "Ph.D." in a smaller, more formal script to the right.

Joyanna Silberg, Ph. D.

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Jovanna Lee Silberg, Ph.D.

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LICENSURE:

Licensed as a psychologist by the Maryland State Board of Examiners, April 1982.

EMPLOYMENT:

Current Position:

Consulting Psychologist – The Sheppard Pratt Health System, November 1997 – Present.
Coordinator Trauma Disorders services for children, researcher, therapist

Private Owner: Childhood Recovery Resources: Consulting, therapy, forensic evaluation for children and adolescents, with specialization in family court issues, trauma and dissociation.

Senior Associate Editor, Journal of Child & Adolescent Trauma.

Past Positions:

Haworth Press, Co-Editor, Trauma Books, 2005-2007
Senior Psychologist, Sheppard Pratt Hospital, Coordinator of Trauma Disorder Services for children, 1994 – 1997.

Clinical Coordinator of School Consultation Program, 1988 – 1997.

Consultant to McDonough School, Key School, Friends School, Bryn Mawr.

Coordinator of Psychological Testing – Responsible for coordination of hospital-wide testing, supervision of technicians and psychologists, staff training in testing issues. Responsible for psychological and neuropsychological assessment and coordination of testing related research.

Coordinator of Child and Adolescent Programs. Program included Custody Evaluation program, eating disorder program, underachiever program, 1982- 1989.

Sheppard Pratt experience includes inpatient short-term adolescent treatment, participation in special education Level V school, staff training on treatment plan development.

EDUCATION:

Graduate:

The Ohio State University, Columbus, Ohio
Fall, 1974 – Spring, 1979
Clinical Child Psychology and Developmental Psychology

Ph.D., March 1979 – Psychology
General Comprehensive Exams, May, 1977
M.A., December 1976, Psychology

Undergraduate:

University of Maryland, College Park, Maryland
1970 - 1971 and 1972 – 1973
B.A., August 1973, Psychology

Hebrew University, Jerusalem, Israel
1971 – 1972

POSTDOCTORAL FELLOWSHIP:

Postdoctoral Fellowship in Child and Adolescent Psychology,
The Sheppard and Enoch Pratt Hospital, Towson, Maryland
July 1980 – July 1982. Two year, half-time appointment.

Supervised experience in individual therapy, psychological evaluations
and behavioral consultations with severely disturbed outpatient and
inpatient population, neuropsychological evaluations.

INTERNSHIP:

Internship in Pediatric Psychology, University of Maryland
Baltimore, Maryland, July 1978 – July 1979.

Experience in a broad range of psychological services in a pediatric
setting, including evaluations of children, adolescents, and families;
individual, group, and family therapy; parent training, staff education
and consultation; research.

TEACHING EXPERIENCE:

Faculty, Post-Doctoral Institute on Trauma, Maryland Psychological Association
2006-2008.

Faculty, Dissociative Disorders Psychotherapy Training Program, sponsored by
the International Society for the Study of Trauma and Dissociation, Teacher of
year long course for mental health professionals, October 2006 – June 2007.

Presenter, national and international conferences on treatment and assessment of traumatized children, 1990 – present.

Faculty, National Center for Human Development

Presentations on child and adolescent development, psychopathology, attention deficit disorder to public and professional audiences. 1983 – 1984

Supervisor, Postdoctoral fellows, 1985 – present.

Instructor, Ohio State University, 1975 – 1978.

Substitute teacher, Roanoke, Virginia. Experience in elementary, junior high, and high school. October 1973 – February 1974.

UPCOMING AND RECENT PRESENTATIONS:

Treatment of Dissociative Symptoms and Disorders in Children and Adolescents: Maryland Psychological Association, September 26, 2008

Children as Pawns, Police Academy of Baltimore County, Training on Domestic Violence and Custody, June, 2008, Frederick County Sheriff's Office, October 2008.

Diagnosis and Treatment of Traumatized and Dissociative Children, Bergen Norway, May 8-9, 2008

Healing the Child Survivor: How Trauma Hurts Children's Brains and What We Can Do, Allegheny County Department of Human Services, May 2, 2008

Trauma-Informed Care: Lessons Learned in Protecting Children In Family Court, January 2008, The Battered Mothers Custody Conference

Assessing Allegations of Abuse, DV LEAP Conference, George Washington Law School, December 7, 2007

The Treatment of Traumatized Children and Adolescents, Workshop in Assen, Netherlands, March 21-22, 2007.

Custody Evaluation in Cases Involving Violence, half day workshop sponsored by New York Psychological Association, April 15, 2007.

Healing the Child Survivor: Treatment of Dissociative and Traumatized Youth, Widener University, Plenary, June 12, 2007.

Child of Incest: Child of Trauma: All day workshop on treating effects of incest on children, for therapists sponsored by Jewish Family Services of Dallas, February 15, 2007.

Myths About Abuse, May, 2006, Judicial Training, New York Supreme Court Judges.

Assessment and Treatment of Traumatized and Dissociative Children, Maryland Psychological Association, Workshop, March 2005.

Child Custody vs. Child Protection: A Clash of Core Values, Presentation at the International Family Violence Conference, San Diego, September, 2004.

The Voice of the Child in Family Court: Presentation to Israeli Bar Association, March 17, 2004, Tel Aviv, Israel.

Child Abuse and Domestic Violence for Custody Cases: Presentation to Maryland Volunteer Lawyer's Association, GAL Training Day, February 19, 2004.

Ethical Binds and Ethical Solutions for Psychologists in Custody Disputes where Abuse is Alleged. Nova Southeastern University, Ft. Lauderdale, March 2004.

Treatment of Dissociative Children, Invited Workshop, National Sexual Abuse Resource Center, Oslo, Norway, October 2003.

The Ten Biggest Mistakes Made in Protecting Children in Family Court, Judicial Training, sponsored by Maryland Coalition Against Sexual Abuse and Administrative Office of the Court, March 13, 2003.

A Developmental Perspective on the Treatment of Childhood and Adolescent Dissociative Symptoms and Disorders, at Allegheny General Hospital, November, 2002.

Complex Management of Complex Trauma in Children and Adolescents, Silberg and Ferentz, ISTSS, 18th Annual Meeting in Baltimore, November, 2002.

The Assessment and Treatment of Traumatized Children, International Family Violence Conference, San Diego, 2006, 2005, 2004, 2002.

Diagnosis and Treatment of Childhood Dissociation, New Zealand, 2002, presentation to child trauma workers of New Zealand.

Diagnosis and Treatment of Childhood Dissociation, Finland, 2001, presentation to child trauma workers of Finland.

Workshop on Dissociation and Child Abuse: German Society for the Study and Prevention of Child Abuse, March 2000.

Diagnosis and Treatment of Child and Adolescent Dissociative Disorders. APSAC Colloquium, San Antonio, 1999; Chicago, 1998.

An Integrative Developmental Model of Childhood Dissociation: Symposium, American Psychological Association Convention 1999; International Society for the Study of Traumatic Stress, Miami, 1999.

Cross-cultural Case Studies in Dissociation, Stockholm, 1998, International Association for Child and Adolescent Psychiatrists and Allied Professionals, International Congress.

Dissociative Children: Impact on Learning and Behavior, Trauma Counseling Center, University of Wisconsin, March, 1998, one day workshop.

Diagnosis and Treatment of Child Dissociative Disorders, November, 1998, Dutch-Flemish Society for the Study of Dissociation, two-day workshop.

Constructing Consciousness in Dissociative Children, Plenary speech, May, 1999 ISSD UK International Conferences, Manchester, England.

PARTICIPATION ON TASK FORCES, SUMMITS, SPECIAL PROJECTS

Representative on Think Tank on Abused Children and the Family Court co-sponsored by Our Children, Our Future, and the Family Violence and Sexual Assault Institute, September, 2000.

Representative on day long retreat, Children's Issues in Family Court, Family Violence and Sexual Assault Institute, September 2001.

Participation in the Massachusetts Citizens for Children, Summit on Children and the Courts: Improving Court Responses to Child Victims of Intrafamilial Violence and Sexual Abuse, October 2002.

Department of Justice, Office of Victims of Crime, Contributor to Child Treatment Guidelines for Child Victims of Crime, published, January 2003.

AWARDS AND HONORS:

Four-year University Fellowship awarded by Ohio State University Fall, 1974 – Spring, 1978,

General Honors and High Honors awarded upon graduation from University of Maryland, 1973.

Walter P. Klopfer Award, 1992, for outstanding research paper on assessment awarded by the Society for Personality Assessment.

Cornelia Wilbur Award, 1992, for outstanding clinical contribution, International Society for the Study of Dissociation.

GRANTS RECEIVED:

Sidran Foundation Research Grant, 1992 – 1994.

Samuel Novey Memorial Fund, Research Grant, Sheppard Pratt Hospital, 1994 – 1995.

RESEARCH PROJECTS:

The Development of Pronoun Usage in Psychotic Children, Master Thesis.

The Development of Pronoun Usage among Psychotic Children and its Relation to Three Cognitive-Linguistic Skills. Doctoral Dissertation.

Patterns of Thought Disorder on Psychological Testing: Implications for Adolescent Psychopathology (co-author of article, Journal of Nervous and Mental Diseases, Vol. 184, No. 8, 448-456.

The Rorschach Test for Predicting Suicide in Depressed Adolescent Inpatients, Journal of Personality Assessment, (1992).

Factors Association with Positive Therapeutic Outcomes, Research published in The Dissociative Child: Diagnosis, Treatment and Management.

Dissociative symptomatology in children and adolescents as displayed on psychological testing. Journal of Personality Assessment, (1998).

Normal and Pathological Fantasy in Traumatized Children, paper presented at ISSD International Conference, 1997.

Factitious Disorder by Proxy and Dissociation, paper presented at International Society for the Study of Traumatic Stress, 1998.

Dissociative Features of Traumatized Teenagers, Ongoing, 2004 – 2007.

PUBLICATIONS:

Silberg J. L. & Dallam, S. (2009) Out of the Jewish Closet: Facing the Hidden Secrets of Child Sex Abuse – and the Damage Done to Victims In Neustein, A. Tempest in the Temple: Jewish Communities and Child Sex Scandals, Brandeis University Press. (in press, publication date, March, 2009.)

Silberg, J. L. & Dallam, S. (in press). Dissociation in Children & Adolescents: At the Crossroads, in Dell, P. F. & O'Neill, J. (eds.), Dissociation: DSM-V and Beyond.

Dallam, S. & Silberg, J. L. (in press). Can children consent to sex with Adults? In Walker, L. & Gold, S. Handbook of Sexual Abuse Treatment.

Dallam, S. J. & Silberg, J. L. (Jan/Feb 2006). Myths that place children at risk during custody disputes. Sexual Assault Report, 9, (3), 33-47.

Silberg, J. L. (2004). The treatment of dissociation in sexually abused children from a family/attachment perspective. Psychotherapy: Theory, Research, Practice & Training, 41, 487-496.

Silberg, J. L. (2003). Drawing conclusions: Confusion between data and theory in the traumatic memory debate. Journal of Child Sexual Abuse, Vol. 12 (2) 2003, 123- 128.

Whitfield, C., Silberg, J. L. & Fink, P. J. Ed. (2002) Misinformation on Child Sexual Abuse and Adult Survivors, Binghamton, N.Y.: Haworth Press.

Silberg, J. L. (2001). Treating maladaptive dissociation in a young teenage girl. In H. Orvaschel, J. Faust & M. Hersen (Eds.), (pp. 449-474). Handbook of Conceptualization and Treatment of Child Psychopathology. Oxford, UK: Elsevier Science LTD.

Dallam, S., Gleaves, D. Cepeda-Benito, A., Silberg, J. L., Kraemer, H., Spiegel, D. (2001). The Effects of Child Sexual Abuse: An Examination of Rind, Tromovitch and Bauserman (1998). The Psychological Bulletin, Vol 127, 6, 715-733.

Silberg, J. L. (2001). A presidents' perspective: The human face of the diagnostic controversy. Journal of Trauma & Dissociation, 2 (1), 1-5.

Silberg, J. L. (2000). Fifteen years of dissociation in maltreated children: Where do we go from here? Child Maltreatment, 5, 119-136.

Silberg, J. L. (1997). Dissociative Disorders in Childhood. In J. Noshpitz (ed.), Handbook of Child and Adolescent Psychiatry, Volume II, (pp. 278-281), John Wiley & Sons.

Silberg, J. L., Stipic, D., Taghizadeh, F., (1997). Dissociative Disorders in Children and Adolescents. Invited Chapter for Noshpitz, J. (ed.), Handbook of Child and Adolescent Psychiatry, Volume III. (329-355). John Wiley & Sons.

Silberg, J. L., (1998). Dissociative symptomatology in children and adolescents as displayed on psychological testing. Journal of Personality Assessment, 71, 421-439.

Silberg, J. L. (ed.), (1996). The Dissociative Child: Diagnosis, Treatment and Management. Baltimore: The Sidran Press.

Silberg, J. L. (ed.), (1998). The Dissociative Child: Diagnosis, Treatment and Management. 2nd edition, Lutherville, MD: The Sidran Press.

Silberg, J. L., (1998). Afterword, In J. L. Silberg, (ed.) The Dissociative Child: Diagnosis, Treatment and Management. 2nd edition, Lutherville, MD: The Sidran Press.

Silberg, J. (1996). Interviewing Strategies for Assessing Dissociative Disorders in Children and Adolescents, in Silberg, L. (ed.) The Dissociative Child: Diagnosis, Treatment and Management, pp. 47-62, Lutherville, MD: The Sidran Press.

Silberg, J. (1996). Psychological Testing with Dissociative Children and Adolescents, in Silberg, (ed.) The Dissociative Child: Diagnosis, Treatment and Management, pp. 85-102. Lutherville, MD: The Sidran Press.

Silberg, J. (1996). The Five-Domain Crisis Model: Therapeutic Tasks and Techniques for Dissociative Children, in Silberg, J. (ed.), The Dissociative Child, pp. 113- 134. Lutherville, MD: The Sidran Press.

Silberg, J. & Waters, F. (1996). Factors Associated with Positive Therapeutic Outcome, in Silberg, J. (ed.). The Dissociative Child, pp. 103-112. Lutherville, MD: The Sidran Press.

Waters, F. & Silberg, J. (1996). Therapeutic Phases in the Treatment of Dissociative Children. In Silberg, J. (ed.), The Dissociative Child, pp. 135- 166. Lutherville, MD: The Sidran Press.

Waters, F. & Silberg, J. (1996). Promoting Integration in Dissociative Children, in Silberg, J. (ed.), The Dissociative Child, pp. 167-190. Lutherville, MD: The Sidran Press.

Silberg, J. L. Kishton, J. M. Thrower, S. A., Mathews, W. D. and Smith, M. P. Instructor's Manual for Educational Psychology and Its Classroom Applications, Boston, Allyn and Bacon, 1978.

Armstrong, J., Silberg, J., Parente, F. (1986). Patterns of Thought Disorder on Psychological Testing: Implications for Adolescent Psychopathology, Journal of Mental Diseases, Vol. 174, No. 8, 448-456.

Silberg, J. & Armstrong, J. (1992). The Rorschach Test for Predicting Suicide in Depressed Adolescent Inpatients, Journal of Personality Assessment.

Silberg, J. L. (1978). The development of pronoun usage in the psychotic child, *Journal of Autism and Childhood Schizophrenia*, 8 (4), 413-425.

SPECIAL INTERESTS:

Community education regarding mental health
Preventative interventions
Behavioral correlates of psychological test variables
Psychological trauma and dissociative disorders
Child abuse and Family court
Traumatic stress in children

PROFESSIONAL ACTIVITIES:

President, International Society for the Study of Dissociation, 2000-2001
Executive Vice-President, Leadership Council on Child Abuse & Interpersonal Violence (1998 – present)
Member APSAC, American Professional Society on the Abuse of Children
Member, A.P.A., American Psychological Association
Member, M.P.A., Maryland Psychological Association
Founder of city-wide study group on Dissociative Disorders in Children and Adolescents
Reviewer, Journal of Nervous and Mental Disease
Reviewer, Journal of Trauma Practice
Reviewer, Journal of Trauma and Dissociation